



Complete Summary

TITLE

Stroke and stroke rehabilitation: percentage of patients aged 18 years and older with the diagnosis of ischemic stroke or intracranial hemorrhage who underwent a dysphagia screening process before taking any foods, fluids or medication by mouth.

SOURCE(S)

American Academy of Neurology, American College of Radiology, Physician Consortium for Performance Improvement®, National Committee for Quality Assurance. Stroke and stroke rehabilitation physician performance measurement set. Chicago (IL): American Medical Association, National Committee for Quality Assurance; 2006 Sep. 19 p.

Measure Domain

PRIMARY MEASURE DOMAIN

Process

The validity of measures depends on how they are built. By examining the key building blocks of a measure, you can assess its validity for your purpose. For more information, visit the [Measure Validity](#) page.

SECONDARY MEASURE DOMAIN

Does not apply to this measure

Brief Abstract

DESCRIPTION

This measure is used to assess the percentage of patients aged 18 years and older with the diagnosis of ischemic stroke or intracranial hemorrhage who underwent a dysphagia screening process before taking any foods, fluids, or medication by mouth.

RATIONALE

All patients should have their swallowing evaluated prior to receiving food, fluids or oral medications to help prevent aspiration. The evaluation should be

performed with a validated or hospital-approved dysphagia screening tool; a routine cranial nerve examination is not sufficient.*

*The following clinical recommendation statements are quoted verbatim from the referenced clinical guidelines and represent the evidence base for the measure:

Recommend that all patients have their swallow screened before initiating oral intake of fluids or food, utilizing a simple valid bedside testing protocol. (Veterans Administration/Department of Defense [VA/DoD])

PRIMARY CLINICAL COMPONENT

Ischemic stroke; intracranial hemorrhage; dysphagia screening

DENOMINATOR DESCRIPTION

All patients aged 18 years and older with the diagnosis of ischemic stroke or intracranial hemorrhage who receive any foods, fluids or medication by mouth (see the related "Denominator Inclusions/Exclusions" field in the Complete Summary)

NUMERATOR DESCRIPTION

Patients who underwent a dysphagia screening process before taking any foods, fluids or medication by mouth

Evidence Supporting the Measure

EVIDENCE SUPPORTING THE CRITERION OF QUALITY

- A clinical practice guideline or other peer-reviewed synthesis of the clinical evidence

NATIONAL GUIDELINE CLEARINGHOUSE LINK

- [VA/DoD clinical practice guideline for the management of stroke rehabilitation in the primary care setting.](#)

Evidence Supporting Need for the Measure

NEED FOR THE MEASURE

Use of this measure to improve performance

EVIDENCE SUPPORTING NEED FOR THE MEASURE

McGlynn EA, Asch SM, Adams J, Keesey J, Hicks J, DeCristofaro A, Kerr EA. The quality of health care delivered to adults in the United States. N Engl J Med 2003 Jun 26;348(26):2635-45. [PubMed](#)

Reeves MJ, Arora S, Broderick JP, Frankel M, Heinrich JP, Hickenbottom S, Karp H, LaBresh KA, Malarcher A, Mensah G, Moomaw CJ, Schwamm L, Weiss P, Paul Coverdell Prototype Registries Writing Group. Acute stroke care in the US: results from 4 pilot prototypes of the Paul Coverdell National Acute Stroke Registry. Stroke 2005 Jun;36(6):1232-40. [PubMed](#)

Thom T, Haase N, Rosamond W, Howard VJ, Rumsfeld J, Manolio T, Zheng ZJ, Flegal K, O'Donnell C, Kittner S, Lloyd-Jones D, Goff DC Jr, Hong Y, Adams R, Friday G, Furie K, Gorelick P, Kissela B, Marler J, Meigs J, Roger V, Sidney S, Sorlie P, Steinberger J, Wasserthiel-Smoller S, Wilson M, Wolf P. Heart disease and stroke statistics--2006 update: a report from the American Heart Association Statistics Committee and Stroke Statistics Subcommittee. Circulation 2006 Feb 14;113(6):e85-151. [PubMed](#)

State of Use of the Measure

STATE OF USE

Current routine use

CURRENT USE

Internal quality improvement
National reporting

Application of Measure in its Current Use

CARE SETTING

Hospitals

PROFESSIONALS RESPONSIBLE FOR HEALTH CARE

Advanced Practice Nurses
Physician Assistants
Physicians

LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED

Individual Clinicians

TARGET POPULATION AGE

Age greater than or equal to 18 years

TARGET POPULATION GENDER

Either male or female

STRATIFICATION BY VULNERABLE POPULATIONS

Unspecified

Characteristics of the Primary Clinical Component

INCIDENCE/PREVALENCE

Unspecified

ASSOCIATION WITH VULNERABLE POPULATIONS

Unspecified

BURDEN OF ILLNESS

Unspecified

UTILIZATION

Unspecified

COSTS

Unspecified

Institute of Medicine National Healthcare Quality Report Categories

IOM CARE NEED

Getting Better

IOM DOMAIN

Effectiveness

Data Collection for the Measure

CASE FINDING

Users of care only

DESCRIPTION OF CASE FINDING

All patients aged 18 years and older with the diagnosis of ischemic stroke or intracranial hemorrhage who receive any foods, fluids or medication by mouth

DENOMINATOR SAMPLING FRAME

Patients associated with provider

DENOMINATOR INCLUSIONS/EXCLUSIONS

Inclusions

All patients aged 18 years and older with the diagnosis of ischemic stroke or intracranial hemorrhage who receive any foods, fluids or medication by mouth

Exclusions

Documentation of medical reason(s) for not screening for dysphagia before taking any foods, fluids or medication by mouth

RELATIONSHIP OF DENOMINATOR TO NUMERATOR

All cases in the denominator are equally eligible to appear in the numerator

DENOMINATOR (INDEX) EVENT

Clinical Condition
Institutionalization

DENOMINATOR TIME WINDOW

Time window brackets index event

NUMERATOR INCLUSIONS/EXCLUSIONS

Inclusions

Patients who underwent a dysphagia screening process before taking any foods, fluids or medication by mouth

Exclusions

None

MEASURE RESULTS UNDER CONTROL OF HEALTH CARE PROFESSIONALS, ORGANIZATIONS AND/OR POLICYMAKERS

The measure results are somewhat or substantially under the control of the health care professionals, organizations and/or policymakers to whom the measure applies.

NUMERATOR TIME WINDOW

Institutionalization

DATA SOURCE

Administrative data
Medical record

LEVEL OF DETERMINATION OF QUALITY

Individual Case

PRE-EXISTING INSTRUMENT USED

Unspecified

Computation of the Measure**SCORING**

Rate

INTERPRETATION OF SCORE

Better quality is associated with a higher score

ALLOWANCE FOR PATIENT FACTORS

Unspecified

STANDARD OF COMPARISON

Internal time comparison

Evaluation of Measure Properties**EXTENT OF MEASURE TESTING**

Unspecified

Identifying Information**ORIGINAL TITLE**

Measure #5: screening for dysphagia.

MEASURE COLLECTION

[The Physician Consortium for Performance Improvement® Measurement Sets](#)

MEASURE SET NAME

[Stroke and Stroke Rehabilitation Physician Performance Measurement Set](#)

SUBMITTER

American Medical Association on behalf of the American Academy of Neurology, American College of Radiology, the National Committee for Quality Assurance, and the Physician Consortium for Performance Improvement®

DEVELOPER

American Academy of Neurology
American College of Radiology
National Committee for Quality Assurance
Physician Consortium for Performance Improvement®

FUNDING SOURCE(S)

Unspecified

COMPOSITION OF THE GROUP THAT DEVELOPED THE MEASURE

Joseph Drozda, Jr., MD (*Co-Chair*); Robert Holloway, MD, MPH (*Co-Chair*); David Seidenwurm, MD (*Co-Chair*); Chris Alexander, III, MD, FACP; John Barr, MD; Oscar Benavente, MD, FRCPC; Christopher Bever, Jr., MD, MBA; Thomas Bleck, MD FCCM; Ronald Gabel, MD; Judith Hinchey, MD; Irene Katzan, MD; Rahul K. Khare, MD; Michael Lev, MD; John McMahon, MD; Mark Morasch, MD, FACS; Suresh Mukherji, MD; Konrad C. Nau, MD; Sam J. W. Romeo, MD, MBA; Eric Russell, MD, FACP; Marilyn Rymer, MD; Ajay Sharma, MD; John Schneider, MD, PhD; Timothy Shephard, PhD; Michael A. Sloan, MD, MS; William D. Smucker, MD, CMD; Patrick Turski, MD, FACP; Linda Williams, MD; Richard Zorowitz, MD

Sarah Tonn, MPH, American Academy of Neurology

Sandra H. Bjork, RN, JD, American College of Radiology

Penelope Solis, JD, American Heart Association/American Stroke Association

Andrea Gelzer, MD, MS, FACP, Health Plan Representative

Mark Antman, DDS, MBA, American Medical Association; Karen S. Kmetik, PhD, American Medical Association; Beth Tapper, MA, American Medical Association; Samantha Tierney, MPH, American Medical Association

Rebecca A. Kresowik, Facilitator; Timothy F. Kresowik, MD, Facilitator

FINANCIAL DISCLOSURES/OTHER POTENTIAL CONFLICTS OF INTEREST

Conflicts, if any, are disclosed in accordance with the Physician Consortium for Performance Improvement® conflict of interest policy.

ENDORSER

National Quality Forum

INCLUDED IN

Ambulatory Care Quality Alliance
Physician Quality Reporting Initiative

ADAPTATION

This measure was harmonized to the extent possible with hospital level measures for stroke developed by The Joint Commission.

PARENT MEASURE

Unspecified

RELEASE DATE

2006 Sep

MEASURE STATUS

This is the current release of the measure.

SOURCE(S)

American Academy of Neurology, American College of Radiology, Physician Consortium for Performance Improvement®, National Committee for Quality Assurance. Stroke and stroke rehabilitation physician performance measurement set. Chicago (IL): American Medical Association, National Committee for Quality Assurance; 2006 Sep. 19 p.

MEASURE AVAILABILITY

The individual measure, "Measure #5: Screening for Dysphagia," is published in the "Stroke and Stroke Rehabilitation: Physician Performance Measurement Set." This document and technical specifications are available in Portable Document Format (PDF) from the American Medical Association (AMA)-convened Physician Consortium for Performance Improvement® Web site:
www.physicianconsortium.org.

For further information, please contact AMA staff by e-mail at cqi@ama-assn.org.

NQMC STATUS

This NQMC summary was completed by ECRI Institute on September 13, 2007. The information was verified by the measure developer on October 26, 2007.

COPYRIGHT STATEMENT

© Measures including specifications

Disclaimer

NQMC DISCLAIMER

The National Quality Measures Clearinghouse™ (NQMC) does not develop, produce, approve, or endorse the measures represented on this site.

All measures summarized by NQMC and hosted on our site are produced under the auspices of medical specialty societies, relevant professional associations, public and private organizations, other government agencies, health care organizations or plans, individuals, and similar entities.

Measures represented on the NQMC Web site are submitted by measure developers, and are screened solely to determine that they meet the NQMC Inclusion Criteria which may be found at

<http://www.qualitymeasures.ahrq.gov/about/inclusion.aspx>.

NQMC, AHRQ, and its contractor ECRI Institute make no warranties concerning the content or its reliability and/or validity of the quality measures and related materials represented on this site. The inclusion or hosting of measures in NQMC may not be used for advertising or commercial endorsement purposes.

Readers with questions regarding measure content are directed to contact the measure developer.

© 2008 National Quality Measures Clearinghouse

Date Modified: 11/3/2008

